



Please Print

WSF Rideshare Registration

***Please note: Permits must be renewed annually. All permits expire on February 28 of the following year.*

Indicate one AM and one PM Departing Terminal and Sailing Time from the terminals listed below.*

AM Departing Terminal _____ Sailing Time _____ AM

PM Departing Terminal _____ Sailing Time _____ PM

**Issuance of permit dependent upon availability.*

WSF terminals participating in the Rideshare Reservation Program:

Point Defiance
Tahlequah
Vashon
Southworth

Fauntleroy
Bremerton
Seattle
Bainbridge Island

Edmonds
Kingston
Mukilteo
Clinton

Port Townsend
Keystone

Complete the box that applies to you. Information must be filled out completely.

Carpool Registration

(3 or more persons, including the driver.)

List each vehicle which will utilize this permit.

	Make	Model	Year	License Plate No. (Req'd)
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

Mail your application to:

Rideshare Registration Program
Washington State Ferries
P.O. Box 3985
Seattle, WA 98124-3985

Please enclose a \$20 check or money order made out to "Washington State Ferries". **Do not send cash.**

Vanpool Registration

(5 or more persons, including the driver.)

Vehicle identification.

Make	Model	Year	Rideshare License Plate No.
_____	_____	_____	_____

Public Transit Agency _____ (if applicable)

HOV No. _____ (public transit vehicles only)

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Washington State Ferries
P.O. Box 3985
Seattle, WA 98124-3985

Please enclose a \$20 check or money order made out to "Washington State Ferries". **Do not send cash.**

Do not write in this box.

WSF Customer Service Department Use Only

Date Payment Received _____

Amount Received \$ _____ Check No. _____

TRAINS ID Number _____

F Number _____

Do not write in this box.

WSF Accounting Department Use Only

Date Payment Received _____

Amount Received \$ _____ Check No. _____

TRAINS ID Number _____

F Number _____

Rideshare Members Certification:

We, the undersigned, have read the rules and regulations of the WSF Rideshare Program and certify that together we are members of a commuter rideshare group; or will be upon receipt of the Permit for which this application is being made. We agree to use the Permit only for the purpose for which it is issued. We agree to abide by the policies and rules set forth in the rideshare program and acknowledge that WSF may revise those policies and rules and those participants shall comply with such revisions in order to continue to participate in the WSF rideshare program. We realize that should any of the information contained herein be found to be untrue, or the Permit be improperly used at any time, the Permit privileges may be revoked.

All changes to rider information and sailing times must be communicated to WSF through the registered permit holder only. It is the responsibility of the registered permit holder to notify WSF of any/all changes to rideshare group including dissolution of group by calling 1-888-808-7977.

1) **Permit Holder** (please print) _____ Phone No. (____) _____
Home Address _____ City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____ Date _____ E-mail (optional) _____

2) Name _____ Phone (____) _____
Home Address _____ City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

9) Name _____ Phone (____) _____
Home Address _____ City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

3) Name _____ Phone (____) _____
Home Address _____ City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

10) Name _____ Phone(____) _____
Home Address _____ City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

4) Name _____ Phone (____) _____
Home Address _____ City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

11) Name _____ Phone(____) _____
Home Address _____ City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

5) Name _____ Phone (____) _____
Home Address _____ City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

12) Name _____ Phone(____) _____
Home Address _____ City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

6) Name _____ Phone (____) _____
Home Address _____ City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

13) Name _____ Phone(____) _____
Home Address _____ City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

7) Name _____ Phone (____) _____
Home Address _____ City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

14) Name _____ Phone(____) _____
Home Address _____ City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

8) Name _____ Phone (____) _____
Home Address _____ City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____

15) Name _____ Phone(____) _____
Home Address _____ City _____ Zip _____
Employer _____ City _____ Zip _____
Signature _____